

COPY OF PAPERS  
ORIGINALLY FILED

Practitioner's Docket No. 560.09-US1

PATENT

---

**COMBINED DECLARATION AND POWER OF ATTORNEY**

**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)**

---

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is for an original application.

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

SEMI-CONTINUOUS BLOOD SEPARATION USING MAGNETIC BEADS

**SPECIFICATION IDENTIFICATION**

The specification was filed on October 11, 2001, as Serial No. 09/977,930.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

## POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)
Robert D. Fish	33880
David J. Zoetewey	45258
Sandra P. Thompson	46264

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

---

### SEND CORRESPONDENCE TO

Robert D. Fish  
1440 N. Harbor Blvd., Suite 706  
Fullerton, CA 92835

Customer Number 24392

---

### DIRECT TELEPHONE CALLS TO:

Robert D. Fish  
714-449-2337

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Michael Poirier

**Inventor's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

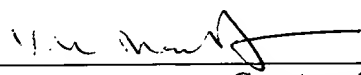
**Country of Citizenship** U.S.

**Residence** Vista, CA

**Post Office Address** 1743 Wolverine Way, Vista, CA 92081

□□□□□□

Vijay K. Mahant

**Inventor's signature**  \_\_\_\_\_

**Date** 12/20/01 \_\_\_\_\_

**Country of Citizenship** U.S.

**Residence** Murrieta, CA

**Post Office Address** 42299 Wild Mustang Road, Murrieta, CA 92562



COPY OF PAPERS  
ORIGINALLY FILED

### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SIGNATURE(S)

Michael Poirier

Inventor's signature

Date 11-26-01

Residence Vista, CA

Post Office Address 1743 Wolverine Way, Vista, CA 92081

Country of Citizenship U.S.